

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10522 182

1. PLACE OF DEATH:

County Harford
 City or town Street Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 Years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Street Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran name war _____

3. (a) FULL NAME

Arthur Ray Anderson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Oct. 6, 1907
 8. AGE: Years 41 Months 0 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Grant, Grayson Co., Va.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Owner
 12. Name Ellis L. Anderson
 13. Birthplace Grayson Co., Va.
 14. Maiden name Gincy Tueker
 15. Birthplace Grayson Co., Va.

16. Informant Mrs Gincy Anderson
 Address Street, Harford Co., Md.
 17. Burial Date thereof Oct. 9, 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oak Grove
 Location Churchville, Harford Co., Md.
 18. Funeral director Wm. A. Patterson & Son
 Address Perryville, Md.
 19. Oct 7, 48 C. G. Kirk
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6, 48 at 6 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4, 48 to Oct 6, 48
 and that I last saw him alive on Oct 6, 48
 Immediate cause of death Spontaneous Pneumothorax DURATION 4 day
TBE - Bilateral 11 yrs.
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Audley Phillips MD M. D. or other _____
Darlington, Md. Date signed 10/7/48
 Address _____

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10523

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Hartford Co
 City or town Bel Air Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 56 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Hartford
 City or town Bel Air Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Wilmer L Barnes

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M
 6.(b) Name of husband or wife Ellen R Chesney
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 14 - 1862
 8. AGE: Years 86 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Blaxville Md Hartford Co
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business _____

MOTHER FATHER
 12. Name Richard A Barnes
 13. Birthplace Md
 14. Maiden name Mary F Noble
 15. Birthplace Md

16. Informant Wilmer N Barnes
 Address Bel Air Md
 17. Burial Date thereof Oct 15/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Churchville Presbyterian
 Location Churchville Md
 18. Funeral director Joseph T Foster
 Address Bel Air Md

19. 10/14 1948 P Toward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

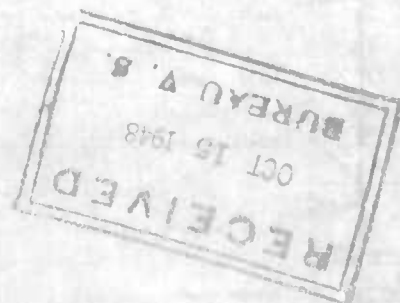
20. DATE OF DEATH Oct 13 1948 at 7⁴⁵ M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.30 to Oct 13 1948
 and that I last saw him alive on Oct 12 1948

Immediate cause of death Terminal Broncho pneumonia
 Due to Age
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE M J Hopkins M. D. or other _____
 Address Bel Air Md Date signed 10/13/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10524

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford
 City or town Chesapeake Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Chesapeake Community Ground Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Chesapeake Md
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 31 Swan St
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Luther Delbert Fletcher

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

F. Stevens

T. Birth date of deceased (mo., day, yr.)

July 12 - 1891

8. AGE: Years Months Days If less than one day

57 3 hrs. min.

9. Birthplace

Nicholson Pa
(Town, county, and state)

10. Usual occupation

Boiler House Foreman

11. Industry or business

Chesapeake P. & Md

12. Name

Nelson Fletcher

13. Birthplace

Penna

14. Maiden name

Della Waterman

15. Birthplace

Penna

16. Informant

Mrs. Kenneth T. Fletcher

Address

31 Swan St Chesapeake Md11. Removal Date thereof Oct 18 - 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Seranton

Location

Seranton Penna

18. Funeral director

Merry Tanning Sons

Address

Chesapeake Md19. Oct 18 19 48 Nellie R. Riley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT 15 19 48 at 9:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19....., to 19.....
 and that I last saw him alive on 19.....

Immediate cause of death
CRUSHING INJURY OF CHEST
CEREBRAL CONCUSSION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ACCIDENT Date of OCT 15, 1948Where did injury occur? near ABERDEEN HARFORD Md (City or town) (County) (State)Injured at home, farm, industry, public place (where?) ABERDEEN PROVING GROUND ROADMeans of injury AUTO STRUCK TREE Injured at work? NO

23. SIGNATURE

J. Ramsey, M.D.
Deputy Medical ExaminerAddress Aberdeen, Md Date signed 10/15/48

RECEIVED

OCT 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10525 182

1. PLACE OF DEATH:

County Harford
City or town rural Baldwin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Baldwin (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME

CLAUDE KEMP FOWBLE

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 12th 1874

8. AGE: Years 74 Month 3 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Harford Co., Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business _____

12. Name George Fowble

13. Birthplace Balto Co., Md.

14. Maiden name Minna Kemp

15. Birthplace Balto Co., Md.

16. Informant M. Wm. C. Fowble

Address Butter, Balto Co., Md.

17. Burial Date thereof Oct. 31, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Black Rock

Location Butter, Balto Co., Md.

18. Funeral director Landon M. Brooks

Address Sparks, Md.

19. 11/3 48 O'Connor
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28, 19 48, at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 47 to October 48 and that I last saw him alive on October 19 19 48

Immediate cause of death Pulmonary Embolus DURATION Immediate

Due to Congestive Heart Failure, Chronic 5 months

Due to Arteriosclerotic Heart Disease 5 years

Other conditions Pernicious Anemia Combined System Disease Prob. 10 years

(Include pregnancy within 8 months of death)

Major findings of operations None Date of op. _____

Autopsy results None PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert Barthel MD M. D. or other _____

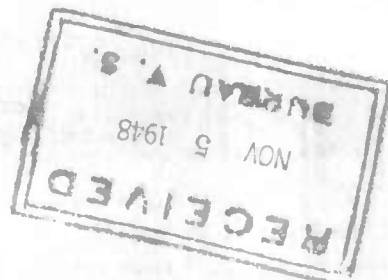
Address Forest Hill, Md. Date signed 10/28/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Pylesville, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 100 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Pylesville, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Female 5. Color or race Black 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) About 1838 6.(c) If alive, give age _____ years
 8. AGE: Years 110 Months - Days - If less than one day _____ hrs. _____ min.
 9. Birthplace Harford Co. Md.
 (Town, county, and state)
 10. Usual occupation Servant
 11. Industry or business _____

FATHER 12. Name Unknown
 13. Birthplace Unknown
 MOTHER 14. Maiden name Unknown
 15. Birthplace _____
 16. Informant Harfield Whiteford
 Address Pylesville, Maryland
 17. Burial Date thereof Oct. 15, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory State Ridge cemetery
 Location Delta, Pa.
 18. Funeral director Hubert P. Jackson
 Address Delta, Pa.
 19. Oct 13, 48 19 48 C. W. Kird
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12, 1948 at 1:45 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 5, 48 to October 12, 48 and that I last saw him alive on October 12, 1948
 Immediate cause of death Generalized arterio-sclerosis
 DURATION _____
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Jonah G. Hunt, M.D.
 Address Delta Pa. Date signed 10/14/48

RECEIVED

OCT 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1592

Reg. Dist. No. 185-

10527

1. PLACE OF DEATH:

County Hartford
 City or town House of Grace
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 hrs. 30 min
 Hospital, institution, or street address where death occurred:
Hartford Memorial Hospital
 How long in hospital or institution? 5 hrs 30 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Hartford
 City or town Edgewood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 50 Rockwell St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Bernard Martin Hoffmann

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

new born

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 17 - 1948
 6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

5 hrs. 30 min.

9. Birthplace

House of Grace Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Friedrich W. Hoffmann

13. Birthplace

Berlin, Germany

14. Maiden name

Valeska Neumann

15. Birthplace

Berlin Germany

16. Informant

Friedrich Hoffmann

Address

50 Rockwell St Edgewood Md

17. Burial

Burial Date thereof Oct 20, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

St. Francis

Location

Abingdon Maryland

18. Funeral director

Howard N. McCombs

Address

Abingdon Maryland

19. Oct. 20

19 48

(Date rec'd by registrar)

G. L. Lewis

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 17, 1948 at 11:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 17, 1948 to Oct 17, 1948and that I last saw him alive on Oct 17, 1948

Immediate cause of death

Patent Ductus Arterios

DURATION

5 1/2 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Ralph Horky

M. D. or other

Address Churchville Md Date signed Oct 17

RECEIVED

OCT 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10528

Reg. Dist. No. 185

1. PLACE OF DEATH:

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Black

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

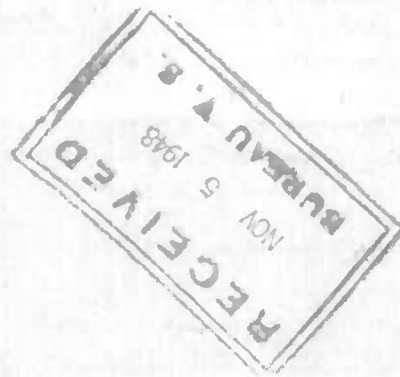
23. SIGNATURE

Address

M. D. or other

Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford
City or town Rural Aberdeen Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 1/2 years
Hospital, institution, or street address where death occurred
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Rural Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
Street No. Neat Paradise Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Anna C Kenney

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife James H. Kenney
6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 29th 1873

8. AGE: Years 75 Months 4 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Horsville, Balto Co Maryland
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

12. Name John C. Magarman
13. Birthplace Balto. Co. Maryland

14. Maiden name Augusta Hoffman
15. Birthplace Baltimore, Maryland

16. Informant Robert C. Kenney
Address Aberdeen, Harford Co Maryland

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Oct 29 1948
(month) (day) (year)

Cemetery or crematory Grove Presby
Location Aberdeen, Harford Co. Md.

18. Funeral director Reary Tarrug & Sons
Address Aberdeen, Harford Co. Md.

19. Oct 29 1948 (Date rec'd by registrar) Nellie H. Riley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26, 1948 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1, 1948 to Oct 26 1948
and that I last saw h. RR alive on Oct 25 1948

Immediate cause of death
GASTRIC HEMORRHAGE
FROM VARICES
Due to ARTERIOSCLEROSIS

Other conditions CARDIOVASCULAR-RENAL DISEASE
(Include pregnancy within 8 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Brown McDonald Jr. MD
Address 100 PARKE ST. ABERDEEN, MD. Date signed Oct 28, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10530

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford
 City or town Rocks (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Rocks (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) if veteran, name war

3. (a) FULL NAME

Joseph Erno Knopf

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Dorinda Jane Fry

7. Birth date of deceased (mo., day, yr.)

Sept 16 1860

6. (c) If alive, give age. — years

8. AGE:

Years

Months

Days

If less than one day

8827

hrs.

min.

9. Birthplace

Rocks Harford co md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Retired

12. Name

Joseph Knopf

13. Birthplace

md.

14. Maiden name

Sarah Harmon

15. Birthplace

md.

16. Informant

Harry Knopf

Address

Rocks md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Oct. 25, 1948
(month) (day) (year)

Cemetery or crematory

our mother's mem.

Location

Croftown Harford co md.

18. Funeral director

Martha E. Knopf

Address

Jarrettsville md.

19.

Oct 25
(Date rec'd by registrar)

1948

Thomas R Brown

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 23 1948, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 17 1948, to Oct 23 1948and that I last saw him alive on Oct. 22 1948

Immediate cause of death

LOBAR PNEUMONIA
CEREBRAL THROMBOSIS

DURATION

3 da6 da

Due to

Due to

Other conditions

Ch. Cardio-Vascular 10 yrs?
Disease with hypertension
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Willard P. Hudson

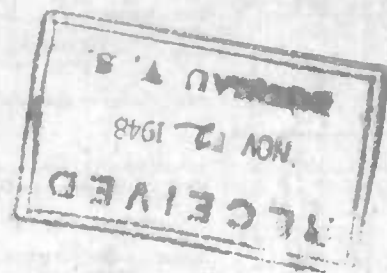
M. D. or other

Address

Forest Hill, md

Date signed

10/23/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10531 181

1. PLACE OF DEATH:

County Harford
 City or town Aberdeen Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Aberdeen Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mannie H. Magness

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Edward Magness
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Oct 5 1877

8. AGE: Years 71 Months 17 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Rock Run, Harford Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Alexander Bunkins
 13. Birthplace Maryland
 14. Maiden name Mary Ellen Logan
 15. Birthplace Maryland

10. Informant Edward W. Magness
 Address Aberdeen Rd. Md.

17. Burial Date thereof Oct 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Darlington
 Location Darlington Maryland

18. Funeral director Howard K. McBurness
 Address Aberdeen Maryland

19. Oct. 28 48 Nellie H. Riley
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1948 at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 1947 to Oct 1948
 and that I last saw him alive on Oct 22 1948

Immediate cause of death _____

Due to Intestinal obstruction 3 days

Due to Carcinoma, rectum 1 1/2 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Ralph Arby M. D. or other

Address Chambersville Date signed Oct 25

RECEIVED
JAN 1 1948
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 186-

1. PLACE OF DEATH:

County HarfordCity or town Harre d. Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 16 days

Hospital, institution, or street address where death occurred:

Harford Memorial HospitalHow long in hospital or institution? 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CecilCity or town Rising Sun
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Maxwell, Miss Esther

3. (b) Social Security Number

4. Sex F.5. Color or race W

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 2/24/948. AGE: Years 54 Months 8 Days 22 If less than one day _____ hrs. _____ min.9. Birthplace Rising Sun - Cecil - Maryland
(Town, county, and state)10. Usual occupation N.a.n.c.

11. Industry or business _____

FATHER 12. Name Maxwell, James H.13. Birthplace Md.MOTHER 14. Maiden name Jackson, Addie15. Birthplace Md.16. Informant Mahoney, Mrs. CharlesAddress Rising Sun, Md.17. Burial Date thereof Oct. 19, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory West NottinghamLocation Near Coloma, Ind.18. Funeral director J. E. TysonAddress Rising Sun, Md.19. Oct. 17 19 48 A. L. Lewis m. D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 16 19 48, at 10:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 47 to Oct 10 19 48
and that I last saw him alive on Oct 10 19 48Immediate cause of death Int. m. / pneumonia DURATION 2 months
Banti's
Banti's Dis. 5000 About 4 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Richard L. M.D. M. D. or otherAddress Banti Dis. 5000 Date signed 10-16-48

RECEIVED
OCT 19 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10533

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Hopland
 City or town Harrisville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Hopland
 City or town Harrisville
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (c) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife James McElhiney

7. Birth date of deceased (mo., day, yr.) April 13 1874 6. (c) If alive, give age 74 years

8. AGE: Years 72 Months 6 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace York Co Pa
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business Housewife12. Name Robert L. Fugitt13. Birthplace York Co Pa14. Maiden name Sarah E. Moulden15. Birthplace York Co Pa16. Informant Elizabeth L. WebbAddress Four Grove Pa17. Burial Date thereof Oct 28 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CentreLocation New Park Pa18. Funeral director W. Howard WebbAddress Four Grove Pa19. Oct. 28 1948 Thomas R. Brown

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1948 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 20 1948 to Oct 25 1948and that I last saw her alive on Oct 24 1948Immediate cause of death Cerebral Hemorrhage DURATION 3 hrsDue to Coronary ArteriosclerosisDue to Arterio Sclerosis

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James R. Lee MD M. D. or otherAddress St. Mary's Hospital Date signed Oct 25 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10534 182

1. PLACE OF DEATH:

County Harford
 City or town Barlingford Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mo
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford
 City or town Barlingford Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Shelba Earlene Miller

3. (b) Social Security Number

MS

4. Sex 5. Color of face 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife MS

7. Birth date of deceased (mo., day, yr.) July 26, 1948
 6. (c) If alive, give age _____ years

8. AGE: Years 2 Months 13 Days _____
 If less than one day _____ hrs. _____ min.

9. Birthplace Harford Co., Md.
 (Town, county, and state)

10. Usual occupation MS11. Industry or business MS12. Name Beryl Miller13. Birthplace O. bids N. C.14. Maiden name Parice Smoot15. Birthplace Wilkes Co., N. C.16. Informant Mr Beryl MillerAddress Barlingford Md.

17. Burial, cremation, or removal (Which?) Burial Date thereof Oct. 11, 1948
 (month) (day) (year)

Cemetery or crematory Mt. ZionLocation Harford Co., Md.18. Funeral director H. S. BaileyAddress Barlingford Md.19. Oct 9 48 C. V. Kirk

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1948 at 12:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 9 1948 to October 9 1948
 and that I last saw him alive on _____ 19____

Immediate cause of death absecess

Due to aspiration of milk
into lung

Due to _____

Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Dudley Phillip MD
 M. D. or other _____

Address Barlingford Md Date signed 10/9/48

RECEIVED

OCT 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10535

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Rural Bel Air
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 days
 Hospital, institution, or street address where death occurred

How long in hospital or institution? 30 days

3. (a) FULL NAME

Florence Osborne

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife —

7. Birth date of deceased (mo., day, yr.) July 25, 1867 6. (c) If alive, give age — years

8. AGE: Years 81 Months 2 Days 10 If less than one day — hrs. — min.

9. Birthplace Harford, G. Md.
 (Town, county, and state)

10. Usual occupation Practical Nurse

11. Industry or business Geo. V. Osborn

12. Name Md.

13. Birthplace Martha M. Osborn

14. Maiden name Md.

15. Birthplace M. George L. Osborn

16. Informant Harre de Grace, Md. R. D. #2

Address Burial Date thereof Oct 8, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Wesleyan Chapel

Location Harford Co. - Md.

18. Funeral director M. Madison Mitchell

Address Harre de Grace, Md.

19. 10/6 48 P. Lowwood

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Rural Bel Air
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Kalmia.
 (If rural, give LOCATION)

2. (a) If veteran, name war —

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 19 48 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 11 19 48 to October 4 19 48
 and that I last saw her alive on October 4 19 48

Immediate cause of death Lobar Pneumonia (Hypostatic) DURATION 5 days

Due to Left sided hemiplegia 3 months

Due to Essential hypertension 2

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Willard P. Hudson M. D. or other

Address Forest Hill, Maryland. Date signed 10/5/48

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OCT 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10536

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford
 City or town Aberdeen
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 36 years
 Hospital, institution, or street address where death occurred:
1 Paradise Road
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Aberdeen
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1 Paradise Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Lillian Marqueretta Riley

3. (b) Social Security Number

✓

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Harry S. Riley
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Feb. 6. 1879

8. AGE: Years 69 Months 7 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Balto Co. Md.
 (Town, county, and state).

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Brooks

13. Birthplace place unknown, Maryland

14. Maiden name Julia Weaver

15. Birthplace Lancaster, Pa

16. Informant Mazie L. Riley

Address 1 Paradise Road

17. Burial Date thereof Oct. 7, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Grove Presbyterian

Location Aberdeen

18. Funeral director John Tarrington

Address Aberdeen

19. Oct. 6 48 Nellie H. Riley
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4 19 48 at 7:30 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 19 48 to Oct. 4 19 48
 and that I last saw him alive on Oct. 4 19 48

Immediate cause of death acute pulmonary edema

Due to cardiac insufficiency

Due to cardiac decompensation

Due to generalized arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thos P. Thompson 7.0
 M. D. or other _____

Address Aberdeen Md Date signed Oct. 6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 8 1943
BUREAU V. S.

Evidence for addition of
information shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 118 NOV 12 1948

CERTIFICATE OF DEATH

Reg. Dist. No.

10537

182

1. PLACE OF DEATH:

County Harford

City or town Bel Air Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County ✓

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 784 E. 28th Street
(If rural give LOCATION)

2. (a) If veteran, name War World War I

(Sheppard)

3. (a) FULL NAME

John Doe William Henry Sheppard
Robertson

3. (b) Social Security Number

215-08-7061

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed
UNKNOWN

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1895

8. AGE: Years 53 Months 11 Days 11 If less than one day

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Anderson Sheppard

13. Birthplace Virginia

14. Maiden name Rosa Brooks

15. Birthplace Virginia

16. Informant Dr. Gerald C. Palmer & Mrs. Sheppard

Address Bel Air Md 784 E. 28th St.
Balto., Md.

17. Burial Date thereof Oct 30/48
(Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory Harford Home

Location Bel Air Md

18. Funeral director J. J. Jones

Address Bel Air Md

19. 10/30 48 P. Howard
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 48 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on 19.

Immediate cause of death Accidental drowning

DURATION

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Not known

Where did injury occur? Bel Air Harford Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Branch of Byrum Run

Means of injury Fell in stream Injured at work? no

Gerald C. Palmer MD
Active Deputy Medical Examiner

23. SIGNATURE Harford County M. D. or other 10/30/48

Address Bel Air Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

Fix

1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10538

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Street Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 weeks
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Street Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) No
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Henrietta Silver

3. (b) Social Security Number

No

4. Sex

Female white single

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 3 - 1870
 6. (c) If alive, give age _____ years

8. AGE:

Years 78 Months 9 Days 6
 It less than one day _____ hrs. _____ min.

9. Birthplace

Harford Co. Md.
(Town, county, and state)

10. Usual occupation

Nursing

11. Industry or business

12. Name William Silver
 13. Birthplace Harford Co. Md.
 14. Maiden name Margaret Ann Silver
 15. Birthplace Harford Co. Md.

16. Informant

Miss Anne T. Silver
 Address Whiteford, Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof Oct. 12, 1948
 (month) (day) (year)

Cemetery or crematorium

Deer Creek Harmony

Location

Sailorville, Md.

18. Funeral director

Robert P. Perkins
 Address Delta, Pa.

19.

Oct 10, 1948
 (Date rec'd by registrar) Registrar C. W. Kirk

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 19 48 at 2 30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 8 19 48 to October 9 19 48
 and that I last saw him alive on October 9 19 48

Immediate cause of death

Coronary Occlusion

DURATION

6 hrs

Due to

Hypertensive arterio-sclerotic cardiovascular disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Dudley Phillips - MD
Sailorville, Md. M. D. or other _____
 Address _____ Date signed 10/10/48

RECEIVED

OCT 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 186-

10539

186a

1. PLACE OF DEATH:

County HarfordCity or town Stable de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hosp.

How long in hospital or institution?

13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Stable de Grace
(If outside city or town limits, write RURAL and give nearest town)Street No. 127 N. Stakes St.
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Smith, De 112

3. (b) Social Security Number

-

Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Casper Smith (dec)

7. Birth date of deceased (mo., day, yr.)

June 20 - 1867

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

8144

hrs.

min.

9. Birthplace

Harford County, Md.
(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

FATHER

12. Name

John Martin

13. Birthplace

Cecil Co.

MOTHER

14. Maiden name

Bronza Hitchens

15. Birthplace

Cecil Co.

16. Informant

Elena Smith (daughter)

Address

127 N. Stakes St.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

10/27/48
(month) (day) (year)

Cemetery or crematory

Angel Hill

Location

Harford County

18. Funeral director

William H. H. H.

Address

Harford County

19.

Oct. 26 1948
(Date rec'd by registrar)G. L. Lewis M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 24 19 48 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 - 11 19 48 to 10 - 24 19 48and that I last saw him alive on 10 - 24 19 48Immediate cause of death HypostaticPneumonia

DURATION

6 daysDue to Fracture, femur
left3 wks.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10-10-48Where did injury occur? Stable de Grace Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Fall 11/23/48 Injured at work? -

23. SIGNATURE

Richard C. Hayden
M.D. or otherAddress Harford Mem. Hosp. Date signed 10-24-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10540

180

181

1. PLACE OF DEATH:

County Harford

City or town Perryman Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Perryman Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war World War # 2

3. (a) FULL NAME

GEORGE E

SMITH, JR.

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Oct. 14 - 1923

8. AGE:

Years

Months

Days

If less than one day

25

2

hrs.

min.

9. Birthplace

Baltimore Md
(Town, county, and state)

10. Usual occupation

Student

11. Industry or business

FATHER
MOTHER

12. Name

George E. Smith Jr.
Cumberland Md.

13. Birthplace

14. Maiden name

Anne E. Speiker

15. Birthplace

Frostburg Md

16. Informant

Mr. George E. Smith

Address

Perryman Md

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Oct. 19 - 1948
(month) (day) (year)

Cemetery or crematory

New National

Location

Baltimore Md

18. Funeral director

Henry T. J. Jones

Address

Chesden Md

19.

Oct 18 48
(Date rec'd by registrar)

19.

Hellie H. Riley

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 16 19 48 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death

CONFLAGRATION

PARTIAL CARBONIZATION

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ACCIDENT Date of 10/16/48

Where did injury occur? PERRYMAN HARFORD MD
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) HOME

Means of injury HOME BURNED Injured at work? NO

23. SIGNATURE

J. J. Lantry, M.D.
Baltimore Md

Address Baltimore, Md

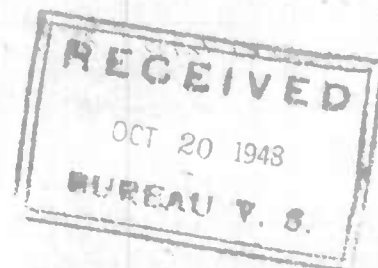
Date signed 10/16/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford
City or town Perryman Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Perryman Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war World War 1-2

3. (a) FULL NAME

JAMES J

SMITH

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) march 5-1926 6. (c) If alive, give age..... years

8. AGE: Years 22 Months 7 Days If less than one day hrs. min.

9. Birthplace Edgewood Md
(Town, county, and state)

10. Usual occupation mach operator

11. Industry or business Bata Shoe Co

12. Name George E. Smith

13. Birthplace Cumberland Md

14. Maiden name Anna E. Spiker

15. Birthplace Franzburg Md

16. Informant Mr. George E. Smith

Address Perryman Md

17. Burial Date thereof Oct 19 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New National

Location Baltimore Md

18. Funeral director Henry Tanning Sons

Address Aberdeen Md

19. Oct 18 48 Nellie H. Riley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 16 19 48 at 4:11 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

CONFLAGRATION
PARTIAL CARBONIZATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ACCIDENT Date of 10/16/48

Where did injury occur PERRYMAN HARFORD MD
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Manner of injury HOME BURNED Injured at work? NO

23. SIGNATURE J. P. Ramsey Jr. D.

Address Aberdeen, Md Date signed 10/16/48

Address Aberdeen, Md Date signed 10/16/48

Address Aberdeen, Md Date signed 10/16/48

Address Aberdeen, Md Date signed 10/16/48

Address Aberdeen, Md Date signed 10/16/48

Address Aberdeen, Md Date signed 10/16/48

Address Aberdeen, Md Date signed 10/16/48

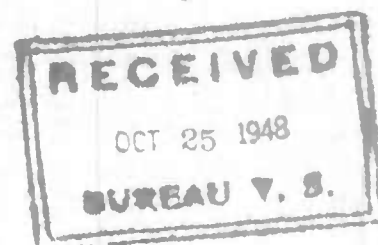
Address Aberdeen, Md Date signed 10/16/48

Address Aberdeen, Md Date signed 10/16/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10542

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Hartford
City or town Bel Air, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Hartford
City or town Bel Air
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Jessie L. Snodgrass

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

James F. Snodgrass

7. Birth date of deceased (mo., day, yr.)

Sept 14 - 1874

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

74

hrs.

min.

9. Birthplace

Chestnut Hill

(Town, county, and state)

Md

10. Usual occupation

Retired

11. Industry or business

FATHER
MOTHER

12. Name

Joseph Harkins

13. Birthplace

Md.

14. Maiden name

LORENA ROBINSON

15. Birthplace

Md.

16. Informant

Malcolm L. Snodgrass

Address

Bel Air, Md

17.

Burial

Date thereof

Oct 28 / 48

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Deer Creek Methodist

Location

Chestnut Hill, Hartford Co., Md.

18. Funeral director

Joseph T. Foster

Address

Bel Air, Md19. 10/29 48 Forwood
(Data rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 261948

at

4 A

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 11940

to

Oct 261948

and that I last saw him alive on

Oct 251948

Immediate cause of death

Arteriosclerosis & disease

DURATION

3 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Gerald C. Palmer MD

M. D. or other

Address

Bel Air, Md

Date signed

10/27/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford
 City or town Near Abingdon, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Short Lane
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Aberdeen, Md.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

FRAZIER PITT STANSBURY

3.(b) Social Security Number

4. Sex

Male

5. Color or race

Negro

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

? abt. 1917

8. AGE:

Years

Months

Days

It less than one day

31

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Lev Stansbury

12. Name

Maryland

13. Birthplace

Minnie Hill

14. Maiden name

Maryland

15. Birthplace

Frances Pitt

16. Informant

520 Young St. Havre de Grace, Md.

Address

17. Burial

Date thereof

10/11/45

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Swan Creek

Location

Near Aberdeen, Md.

18. Funeral director

Birmingham & Son

Address

Havre de Grace19. Oct 11 1945

(Date rec'd by registrar)

Marie M. Mandale

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT 8 1945 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death

Basal fracture of skull

DURATION

Due to.....

Due to.....

Other conditions

Fracture of Pelvis
" of Rt. Femur

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

10/8/45

Where did injury occur?

Near Abingdon, Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Road #7Means of injury Auto Accident

Injured at work?

No

23. SIGNATURE

J. H. Ramsey M.D.

Address

Aberdeen, MdDate signed 10/15/45



1948
10
1917

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 10544
 Reg. Dist. No. 183

1. PLACE OF DEATH

 County Harford
 City or town Northton R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 31 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

 State Ind County Harford
 City or town Northton R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)

 Street No.
 (If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (a) FULL NAME

RALPH LUTHER SUTTON

3. (b) Social Security Number

NONE

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Edith Troyer

7. Birth date of deceased (mo., day, yr.)

July 5 - 18886. (c) If alive, give age 62 years

8. AGE:

Years

Months

Days

If less than one day

6038

hrs. min.

9. Birthplace

Harford Co. Ind
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

 FATHER
 MOTHER

12. Name

Luther Sutton

13. Birthplace

Unknown

14. Maiden name

Albetta Sutton

15. Birthplace

Baltimore Co. Ind

16. Informant

Mrs. Ralph Sutton

Address

Northton Ind

17.

(Burial, cremation, or removal, which?)

Date thereof

Oct. 17 - 1948
(month) (day) (year)

Cemetery or crematory

Wesley Chapel

Location

Northton R.F.D.

18. Funeral director

Howard S. Markle

Address

White Hall Ind19. Oct 1719 48Thomas R. Brown

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

~~Sept 24~~ 1948 to Oct 13 1948
 and that I last saw him alive on Oct 2, 1948 1948

Immediate cause of death

Cerebral vascular accident

DURATION

5 minutes

Due to

Myocardial infarction(2)

Due to

Arteriosclerosis +
coronary failure(2)

Other conditions

Pulmonary edema, acute
generalized peripheral edema
 (Include pregnancy within 3 months of death)
1 month

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

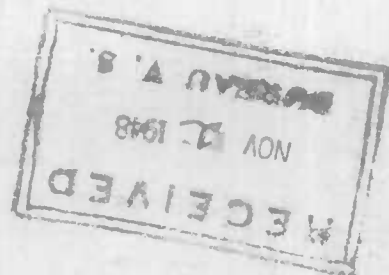
23. SIGNATURE

Samuel James Shomise, Jr.

M. D. or other

Address

Garrettsville, Ind.Date signed 10-13-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County... HyattsvilleCity or town... Hyattsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Dist. Md. County... HyattsvilleCity or town... Hyattsville
(If outside city or town limits, write RURAL and give nearest town)Street No...
(If rural, give LOCATION)

2(a) If veteran, name war...

3. (a) FULL NAME

Kelvin L. Talbert

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife John Talbert7. Birth date of deceased (mo., day, yr.) April 21, 1889 8. (c) If alive, give age 45 years8. AGE: Years 57 Months 6 Days 0 If less than one day
..... hrs. min.9. Birthplace... Hyattsville Md
(Town, county, and state)10. Usual occupation... Housewife11. Industry or business... Housewife12. Name... Kelvin L. Talbert13. Birthplace... Hyattsville Md14. Maiden name... Anna Dint15. Birthplace... Hyattsville Md16. Informant... John TalbertAddress... Sam Grove Pa17. Burial Date thereof... Oct 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Bethel CemeteryLocation... White Hall Md18. Funeral director... W. Howard WebbAddress... Sam Grove Pa19. Oct 24 1948 Thomas R. Brown

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Oct 21 1948, at 7:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 1 1947 to Oct 20 1948and that I last saw deceased alive on Oct 20, 1948 1948Immediate cause of death... Coronary artery disease

DURATION

8

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

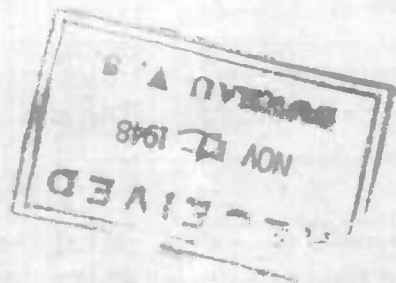
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Edward H. Heyson M.D.

M. D. or other

Address... Sam Grove Pa Date signed... 10/22/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Harford Memorial Hospital
How long in hospital or institution? 1 day.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. 131 Weber St.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

FLAINE
MADELINE / TURETSKY.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife.....
6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) May 15th. 1948.
8. AGE: Years 4 Months 20 Days 20 If less than one day
hrs. min.

9. Birthplace Havre de Grace, Md.
(Town, county, and state)
10. Usual occupation None
11. Industry or business
12. Name Raymond Turetsky.
13. Birthplace New York.
14. Maiden name Bess Helen Riba.
15. Birthplace Poland.

16. Informant Mr. Raymond Turetsky.
Address Havre de Grace, Md.

17. Burial Date thereof Oct. 5, 1948.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18. Funeral director David Solomonson
Address 1902 Eutaw Place, Balto. Md.

19. 10/5 48 St. W. Hedrick
(Date rec'd by registrar) (year) (month) (day) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4th. 1948 at 4:30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2 1948 to Oct. 4 1948
and that I last saw her alive on Oct 4 1948
Immediate cause of death Asphyxia
from asphyxia
Due to Vaginitis, peritonitis
and asphyxia
Due to.....
Other conditions.....
(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?

23. SIGNATURE David D. Polase M. D. or other
Address 419 Congress Ave. Date signed Oct 4

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10546

1950

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10547
185

1. PLACE OF DEATH: *Harford*
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....*Md* County.....
City or town.....*Baltimore*
(If outside city or town limits, write RURAL and give nearest town)
Street No. *210 S East Ave*
(If rural, give LOCATION)
2.(a) If veteran, name war.....☒

3. (a) FULL NAME *Louisa Uhl*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *widow*
6.(b) Name of husband or wife *Charles J Uhl*
6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) *Mar 6 1864*
8. AGE: Years *84* Months *8* Days *24* it less than one day
.....hrs.min.

9. Birthplace.....*Balt*
(Town, county, and state)
10. Usual occupation.....*at home*
11. Industry or business
MOTHER 12. Name.....*John Carl*
13. Birthplace.....*Ger*
14. Maiden name.....*Mary Hanachman*
15. Birthplace.....*Ger*

16. Informant *Mrs Minnie Withke*
Address *210 S East Ave*
Baltimore
17.....*Burial* Date thereof *Nov 2, 1948*
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory.....*Western Cem*
Location.....*Baltimore*
18. Funeral director.....*White Funeral Home*
Address *2008 Orleans St*
19.....*11/2* 19.....*48* *A-W Hedrick*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *October 30 1948* at *3 P* M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from *October 28 1948* to *Oct 30 1948*
and that I last saw *her* alive on *Oct 30 1948*

Immediate cause of death.....*Arteriosclerotic CV disease*
DURATION *5 mo.*

Due to.....
Due to.....
Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....
Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?.....
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?

23. SIGNATURE.....*Gerald C Palmer MD*
M. D. or other
Address.....*Bd Air, Md* Date signed *10/30/48*

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10548

Reg. Dist. No. 181

1. PLACE OF DEATH:

County HARFORD

City or town RURAL - ABERDEEN, MD.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County HARFORD

City or town ABERDEEN, MD.
(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD #2, ABERDEEN, MD.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

WILLIAM EARL WATERMAN

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced SINGLE

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) JAN. 31, 1939

8. AGE: Years 9 Months 09 Days 15 if less than one day hrs. min.

9. Birthplace BELFAST, MAINE
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

12. Name EARL HILTON WATERMAN

13. Birthplace Belfast Maine

14. Maiden name MADELYN ELANORE WATERMAN

15. Birthplace Belfast Maine

16. Informant Mrs. Earl Hilton Waterman

Address Aberdeen Md - RFD #2

17. Burial Date thereof Oct. 18 - 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Belfast

Location Belfast Maine

18. Funeral director Henry Janning Sons

Address Aberdeen Md

19. Oct 18 1948 Nellie W. Riley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 15, 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death

INTRABDOMINAL HEMORRHAGE
INTRACRANIAL HEMORRHAGE

Due to INJURY

Due to

Other conditions SHOCK - FRACTURE RT. FEMUR
AND LEFT MAXILLA & MANDIBLE
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results NONE

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ACCIDENT Date of OCT. 15, 1948

Where did injury occur? NEAR ABERDEEN HARFORD MD.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ROUTE # 22

Means of injury Struck By AUTO Injured at work? No

23. SIGNATURE J. H. Ramsey M.D.

Address Aberdeen Md Date signed 10/15/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and in full.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10549 181

1. PLACE OF DEATH:

County Hartford
 City or town Aberdeen
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Station Hospital Aberdeen Proving GroundsHow long in hospital or institution? 1 hour + 35 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Hartford
 City or town Aberdeen Proving Grounds
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. D & P. S., A and A Div.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Baby Girl Weaver

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced —

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

September 30 19488.(c) If alive, give age — years

8. AGE:

Years

Months

Days

If less than one day

1 hrs. 35 min.9. Birthplace Aberdeen, Hartford, Maryland
(Town, county, and state)10. Usual occupation Newborn

11. Industry or business

FATHER

12. Name Wooden Weaver13. Birthplace Mobile, Alabama

MOTHER

14. Maiden name Nancy Robinson15. Birthplace Erie, Pennsylvania16. Informant Mrs. Nancy WeaverAddress D & P. S. A & A Div. Aberdeen Proving Gds17. Burial
(Burial, cremation, or removal, which?)Date thereof Oct 4 1948
(month) (day) (year)Cemetery or crematory GraveLocation Aberdeen Maryland18. Funeral director Henry Tarrington & SonAddress Aberdeen Maryland19. Oct. 4 48
(Date rec'd by registrar)Nellie H. Riley
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 Oct 48 19 48 at 1205 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11:30 PM 3 Oct 1948 to 1205 1 Oct 1948and that I last saw her alive on 1 Oct 48

Immediate cause of death

undetected
Prematurely

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Wm. J. Wolfe MD.
Station Aberdeen
Address anet. Date signed 1 Oct 48

RECEIVED
OCT 7 1918
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10550
182

1. PLACE OF DEATH:

County.....Harford
City or town.....Darlington
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Md County.....Harford
City or town.....Darlington
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....no

3. (a) FULL NAME

Mabel P. Webster

3. (b) Social Security Number

no

4. Sex.....Female 5. Color or race.....Colored 6. (a) Single, married, widowed, or divorced.....Widowed

6.(b) Name of husband or wife.....Joseph Webster

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....July 23, 1876

8. AGE: Years.....72 Months.....3 Days.....2 If less than one day..... hrs..... min.....

9. Birthplace.....Harford Co., Md.
(Town, county, and state)10. Usual occupation.....Housework11. Industry or business.....at home12. Name.....Robert P. Rushway13. Birthplace.....Harford Co., Md.14. Maiden name.....Jane Howard15. Birthplace.....Harford Co., Md.16. Informant.....Mrs. Irene StumpAddress.....Darlington, Md.17. Burial.....Burial Date thereof.....Oct 28, 1948
(Burial, cremation, or other disposal) (month) (day) (year)Cemetery or crematory.....Hosanna Cem.Location.....Harford Co., Md.18. Funeral director.....H. S. BaileyAddress.....Darlington, Md.19. Oct. 26, 1948 Registrar.....C. G. Kirk
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....October 25, 1948 at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....Sept 17, 1947 to.....Oct 25, 1948
and that I last saw him alive on.....Oct. 20, 1948

Immediate cause of death.....4th degree Coroner's DURATION.....1 yr.Due to.....ulcer.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

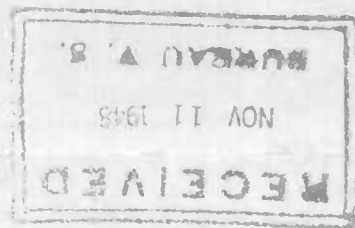
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....W. L. Phillips, Md M. D. or otherAddress.....Darlington, Md Date signed.....10/25/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10551

Reg. Dist. No. 181

1. PLACE OF DEATH: Harford
County Harford
City or town Rural - Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Rural - Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Bush Chapel Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lydia C. Yarish

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife John S. Yarish
6 (c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) Nov. 5th 1880
8. AGE: Years 67 Months 11 Days — If less than one day
hrs. — min. —

9. Birthplace Harford Co., Md.
(Town, county, and state)
10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Alonzo Huff
13. Birthplace Harford Co., Md.

MOTHER 14. Maiden name Martha Arnold
15. Birthplace Harford Co., Md.

16. Informant Mr. John S. Yarish
Address Aberdeen, Md. R.F.D.

17. Burial Date thereof Oct. 20, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baker's
Location Near Aberdeen, Md.

18. Funeral director Henry Tarrington & Sons
Address Aberdeen, Md.

19. Oct. 20 19 48 Nellie H. Riley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17th 19 48, at 2:10 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 19 48, to Oct 17 19 48, and that I last saw her alive on Oct 17 19 48.

Immediate cause of death Carcinoma of ascending Colon with metastases

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Carcinoma

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Ramsey 24. D

Address Aberdeen, Md. Date signed Oct 19, 1948

PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 25 1948

BUREAU V. S.